

Workgroup 2: Access to Support Services/Promoting Independence/Transition to Adulthood

Proposed Recommendations

Topic 1: Access to Support Services

1.A. Person Centered Planning

1.A.1. The council recommends that a robust person-centered planning process be provided to all youth with disabilities as they transition to adult services, beginning at age 12 provided in language appropriate to the youth with disabilities and their family. Person centered planning should include standards such as those defined by the Institute of Person Centered Practices, the collaborative effort of the Texas Center for Disability Studies at The University of Texas at Austin and the Center on Disability and Development at Texas A&M University. HHSC should require that all Home- and Community- Based Services waiver, STAR+PLUS, STAR Kids, and STAR Health participants have access to an independent person centered planning process to avoid any conflicts of interest. In addition, all transitioning youth receiving special education in Texas should be required that all transitioning youth are provided access to Person Centered Planning using the same criteria as the Home and Community Based Services waivers. The planning process must be holistic, focused on all aspects of the individual's life, and provided both to individuals utilizing the Consumer Directed Services option, those accessing services in the other model including through school districts. Person centered planning should address alternatives to guardianship starting at age 12 to prevent or delay the need for guardianship.

1.B. The council recommends that parents/families have better access to support services throughout the state, starting with:

1.B.1. Meaningful respite care

1.B.1.a. Providing funding for meaningful respite care for families who do not have access to Medicaid or Medicaid waivers, so that all families have the ability to get a much-needed break from caregiving services. These services could include innovative respite cooperatives among families in the same communities using nonprofit organizations to organize and maintain, and other similar projects.

1.B.2. Certified family partner services and peer supports for families

1.B.2.a. Expand the Medicaid State Plan family partner certification process for children with disabilities similar to the current family partner certification program designed to serve families of children and adolescents receiving mental/behavioral health services. Also, provide funding to make this service available to families without Medicaid.

1.B.3. Navigate Life Texas

1.B.3.a Continue funding for Navigate Life Texas website for updates and expansion and ensure that all state agencies are linked to the website.

1.C. Improve mental health services for children including YES waiver services so that children in need of out of home services can live in a family and avoid institutionalization.

1.C.1. Allow children in the YES waiver to reside in host home settings for a period longer than 90 days.

1.C.2. HHSC should develop community capacity among YES waiver providers to create host home options for children who need emergency out of home placement.

1.C.3. HHSC should create educational information for families regarding the development of a recovery plan for children discharging from residential treatment as well as those in outpatient treatment. HHSC should review current processes to ensure the recovery plan and YES waiver service plan are shared with the family and relevant providers to more optimally coordinate care and meet the member's needs. This is especially important for children with co-morbid conditions.

1.D. Helping families of children with disabilities during a crisis

1.D.1. Provide urgent family support through a pool of flexible funds that can be allocated quickly to families on a limited basis for crisis situations:

- with approval of an individualized support plan developed with the family to include, but not be limited to, behavior support, home care, respite, therapies, home modifications, transportation, and training;
- managed by a local entity with assigned coordinators who are able to prioritize and authorize support plans.
- The pool can be achieved by:
 - state funds;
 - amending the Texas Home Living Waiver eligibility to disregard parental income requirement for urgent needs.
- Components of an urgent family support flexible funding process should include the following elements:
 - family-identified need;
 - coordinator/facilitator to work with families to develop short-term plan;
 - local authority for expenditure approval based on triage prioritization and need;
 - quick process for authorization of plan;
 - a limit (e.g., \$2,500) annually per family with the amount dependent on needs; and

- local authority responsibility for monitoring of use.

1.E. Flexible funding within waivers

1.E.1. As part of the restructure of waiver benefits for persons with Intellectual and Developmental Disability to meet the new Home and Community Based Services requirements and Community First Choice. PCCF recommends the new structure allow for flexibility for services to be provided:

- Between waivers as shared resources;
- Within waivers, to share resources not to exceed ratio guidelines;
- To combine use of benefits between waivers to meet the needs of an individual.

1.F. Continuity of services during Health and Human Services

transformation (better accountability for vocational rehabilitation services)

1.F.1. Comparative analysis of programs, including scope, quantity and funding sources, provided by DARS before the transformation and HHSC/TWC since the transformation.

1.F.2. Analysis of impact of Workforce Innovation and Opportunity Act (WIOA) on service delivery model and funding sources provided by DARS and HHSC/TWC.

1.F.3. Recommendations to ensure continuity of level of service provided by DARS prior to transformation. Recommendations to include:

- 1.F.3.a. Guidance on changes to program service delivery model provided to clients, families, local education agencies and local service providers
- 1.F.3.b. Access to funding sources utilized by programs prior to transformation.
- 1.F.3.c. Instructions to local education agencies and local service providers on funding if programming not provided by HHSC/TWC.

1.G. Inclusion of the Intellectual and Development Disabilities waivers into Managed Care

1.G.1. If the Intellectual and Developmental Disabilities waivers such as CLASS, Home and Community-based Services, Texas Home Living and Deaf Blind with Multiple Disabilities get carved into STAR Kids the following items are necessary:

- Independent Service Coordination from the Local Intellectual and Developmental Disability Authority and or other Case Management Entity
- An assessment that does not deny eligibility for children who have been supported for years and who have no changes in their condition.
- A thorough procurement process including a new Request for Proposal for health plans.
- Access to a comprehensive provider who can assist a person as they move from family home to other living arrangements.
- A thorough and comprehensive readiness review process.
- A rate structure that supports habilitation and reliable personal care services
- A five to 10-year significant traditional provider requirement for waiver providers
- Host Home recruitment and support from a comprehensive provider to ensure children who need out of home placement can live in a family.
- A comprehensive network that includes BCBAs and other appropriate psychological providers

1.H. The council recommends that information and training be provided to families regarding the ABLÉ Act

1.H.1. Provide a thorough analysis of financial options available to families as they and their child design a meaningful life. Most families are untutored regarding differences between third party special needs trusts, first party special needs trusts, and 529A savings accounts which actually vary by state. Families want to understand what fits best as they receive Supplemental Security Income vs. Supplemental Security Disability Income, and waiver waiting lists vs. waivers.

Examples of nuances to understand:

- A 529A account has a \$100K cap before one loses services, but only if receiving SSI, and not if receiving Social Security Disability Insurance.
- A 529A account allows you to spend the entire amount quickly while abiding by Disability Related Expenses rules, but a trust account requires permission from a trustee for each expenditure.
- A person with a disability may own a home but must reinvest with 90 days into a new home, if forced to sell and move, in order to keep social security and waivers. This is not so if a third party trust owns the home; there is no deadline. There is a 529A rule that you can't use ABLÉ as collateral for a home or a home (or student) loan.
- If the consumer dies, first party trusts and 529A accounts revert to the state of Texas, but third party trusts do not.

- Summary: These are merely examples of how specific the training needs to be for families.
- 1.H.2. Provide training to families regarding the ABLE Act through state agencies, schools, nonprofits, and other organizations who work with families.

Topic 2: Promoting Independence

2.A. Waiver funding for children to move from institutions to families, including nursing facilities, state supported living centers, intermediate care facilities, and Department of Family and Protective Services.

2.A.1. Support children to move from facilities to families. Request funds based on past utilization and need. The Texas Legislature has historically funded the following:

- HCS waivers for 216 children aging out of DFPS foster care
- HCS waivers for children living in DFPS General Residential Operations. The historical number is 25. This needs to be increased to 35 given the fact that no funding was appropriated for this population in FY18 and FY19 leading to an increase in the number of admissions of children as young as 5 years of age.
- HCS waivers for 20 children and young adults to move from nursing facilities to families
- HCS waivers for 500 children and adults to move from large or medium ICFs/IIDs
- HCS waivers to assist 120 children and adults to move from state psychiatric hospitals.
- HCS waivers for 50 children to move from small ICFs/IIDs to families.

2.B. Waiver funding and supports for children who are imminent risk of institutionalization.

2.B.1. Support children who are at imminent risk of institutionalization to live in families. Request funds based on past utilization and need.

The Texas Legislature has historically funded the following:

- HCS waivers to prevent institutionalization in State Supported Living Centers due to crisis for 400 individuals
- HCS waivers for 600 adults and children who are at imminent risk of placement in a nursing facility
- MCDP waivers for children who are medically fragile and at imminent risk of institutionalization
- CLASS waivers for children who are at imminent risk of institutionalization in a nursing facility or Intermediate Care Facility for individuals with developmental disabilities.

2.C. Funding for children on the Medicaid waiver interest lists so children can grow up in families

2.C.1. Support children to remain living with their families by providing timely access to needed Medicaid waiver services. Request funding to reduce the Medicaid waiver interest lists. The current waiver interest lists for children vary from a 5-year wait to a 12-year wait.

Topic 3: Transition to Adulthood

3.A. Training for students and families on services and benefits beginning at age 12 through age 21 / Transition Guide for students before they leave school

3.A.1. Appropriate transition planning and training is vital to students and their families/support networks prior to a student graduating or ageing out of the public school system.

3.A.1.a. Training on services and benefits at age 18 and 21 should be provided to students and their families before the student leaves school.

3.A.1.b. A guide(s) of these services should be provided to students and their families prior to age 18.

3.A.1.c. These guides and training should be included and documented in the ARD process and 504 process where applicable.

3.B. Promote employment and work with companies in the community to find employment

3.B.1. PCCF recommends changes on how persons with IDD access employment opportunities, including competitive employment, employment assistance, day habilitation and add new programs concerning community integration, community integration support that follow the HCBS requirements and support people in the work and participate in communities and enhanced day hab.

3.B.2. PCCF supports a new designation for HUB vendors to include those run by people with disabilities.

3.B.3. PCCF recommends a broad statewide task force of employers work to expand opportunities for people with disabilities.

3.C. Creative housing for adults and supports for adults to live independently

3.C.1. Provide new resources of a housing navigator to assist adults with disabilities and their families to set up affordable, collaborative, creative and culturally appropriate homes for adults to move into when the family and adult deem it the right time.

3.C.2. PCCF recommends Texas HHSC develop a workgroup to promote housing options for persons with intellectual and developmental disabilities.

3.D. Habilitation

3.D.1. HHSC should create a document that describes Habilitation and qualifications to obtain these services.

3.D.2. Require managed care entities to provide all Medicaid recipients information on Community First Choice and the ability to receive habilitation in addition to personal care services.

3.D.3. HHSC should set a rate for Community First Choice that attracts direct service providers with experience in habilitation, attracts employees in rural parts of the state, and promotes employment longevity.

3.D.4. HHSC should ensure that plans understand that people with high physical and medical needs benefit from habilitation including training in how to direct their care if they cannot do it themselves.

3.D.5. HHSC should update the Personal Care Assessment tools to take into account that individuals with high physical and medical needs qualify for Habilitation services.

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